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ABSTRACT

This study reports the initial results from a study designed to assess the perceived needs for mental health services and other types of services in a group of elderly black women who participated in an urban, federally subsidized luncheon program. The two hypotheses tested were: (1) that the majority of elderly persons participating in this age-segregated program would not be satisfied with their current quality of life; and (2) that the majority of these elderly respondents would endorse as a high priority the need for neighborhood or community based mental health counseling services. Findings did not support either hypothesis. They did suggest that if a substantial number of elderly black women wish to have direct assistance type programs as a high priority, then perhaps government subsidized luncheon programs, as well as mental health clinics are useful services. The government should plan for and provide better delivery of these kinds of services, either directly or as auxillary projects. Satisfaction of specific needs could be the key to the primary prevention of psychopathology for elderly persons. (Author/EB)

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MENTAL HEALTH CHARACTERISTICS OF ELDERLY BLACK URBAN DWELLERS

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ABSTRACT

Mental Health Characteristics of Elderly

Black Urban Dwellers

This study reports the initial results from a study designed to assess the perceived needs for mental health services and other types of services in a group of elderly Black women who were participating in a federally subsidized luncheon program located in a large urban city. Research literature on aging has suggested that great personal dissatisfaction exists in older age-segregated situations and that rampant psychopathology or lowered mental functioning is also to be found in elderly persons. Two hypotheses related to these findings were tested. They were: 1) that the majority of elderly persons participating in this age-segregated program would not be satisfied with their current quality of life, and 2) that the majority of these elderly respondents would endorse as a high priority the need for neighborhood or community based mental health counseling services. A number of psychological instruments were administered to 30 volunteer participants whose ages ranged from 57 to 77 years.

The hypotheses were not supported. The findings of this study are discussed in more detail in the paper.

INTRODUCTION

The findings reported in this paper were culled from a larger survey designed to measure satisfaction of elderly persons participating in a government subsidized luncheon program in a large urban center. Reported herein are findings from an attempt to assess the need for mental health services for this same group. Two hypotheses were tested: (a) that the majority of elderly persons participating in this age-segregated program would not be satisfied with their current quality of life, and (b) that the majority of respondents would endorse the need for neighborhood or community based mental health counseling services. Although the aging literature (5) suggests that advanced age is clearly associated with a higher incidence of psychopathology, particulary beyond 75 years of age and dramatically so beyond 80 years of age, this investigator drew no such implications about the group participating in this study. In fact, expectations of rampant psychopathology or lowered mental functioning were not the case. The investigator felt that should strong dissatisfactions with the community meals program be present, perhaps mental health type counseling might be viewed by the participants as a social helping agent.

This study has some limitations. First, it is a descriptive study about the aforementioned respondents, and posits no cause-effect relationships. The findings do not generalize to other elderly Black women in the same neighborhood who were not participating in the luncheon program or to the world community of elderly Black women who may be involved in age-segregated programs. The sampling procedure of this study was "unrepresentative," and yet, this choice of procedure has its merits. First, the collection of a reasonable amount of information from

a substantial number of persons participating in the meals program permitted the formation of rational impressions about the respondents. Second, had an attempt been made to gather a "representative" sample of elderly Black persons from the community in which the meals program resided, the sample may not have adequately characterized the "types" of elderly persons actually involved with the luncheon program. Indeed, based on post-hoc information, we know that some program participants traveled legally from beyond the immediate neighborhood because of its attractiveness.

These introductory remarks end with a note that this report intends to communicate primarily with elderly persons and "social helpers" in attendance at this seminar who are interested in the meanings and findings of all the research about them.

PROCEDURES AND METHOD

Thirty elderly Black women volunteered to participate in this study. The women's ages ranged from 57 to 77 years old, of which 20 were more than 65 years old, and 17 were more than 70 years old. Mean and median ages were 72.3 and 12.5, respectively. Thirteen reported having completed eight grades or less of formal schooling, 12 reported completing eight to 12 grades, 5 reported having completed one to three years of college, however, none reported graduation from college.

Twenty women reportedly migrated from southern states to the northern state studied, five were from the West Indies and Panama, and five were born and raised in the northern city studied.

Fourteen were widowed, nine were still living with spouses, six were never married, and one was divorced. Fifteen reported living alone, and 15 lived with some other people, e.g., family members, friends, and so forth.

Twenty-eight of the 30 women were not presently employed; average reported income was approximately $2,400 annually, with Social Security, municipal and railroad pensions being the primary income sources. All respondents were "healthy" or free of disabling physical illnesses.

All 30 respondents were administered several psychological instruments in one (approximately two hours) session. The instruments and results are reported in the following section of this paper.

FINDINGS

A survey instrument (6) containing 15 like-or-dislike items, reflecting a preference for programs involving direct assistance, education, mental health and recreation, was employed to test the two aforementioned hypotheses. Another item in this instrument was a five-point bipolar scale for "quality of life" ratings that ranged from Very Satisfied (score = 1) to Very Dissatisfied (score = 5). Before revealing the actual results from this instrument, allow me to share with you the results of several other measures employed. Briefly, however, the two hypotheses were not supported.

The intelligence level of the group was assessed by the Shipley Institute of Living Scale (7), a widely used scale in the field of clinical psychology, for quick measures of WAIS (Weschsler Adult Intelligence Scale) I.Q. equivalents. The vocabulary part was administered, as it is this part that permits its use for intelligence evaluations. The derived I.Q.'s ranged from 72 (for one individual) to 145 (superior range). The average I.Q. of this group was 111, just into the above normal range. The normal I.Q. range is usually reported to be between 90 and 110.

An attempt was made to get a rough indication of where respondents would be on a continuum of impairment in life functioning due to very common types

of psychiatric symptoms. For this evaluation the Langner Twenty-Two Item Screening Score of Psychiatric Symptoms Indicating Impairment (2) was used. This instrument does not screen for organic brain damage, mental retardation, sociopathies, or permit classification of people according to types of psychiatric disorder. The "Screening Score," in other words, does not cover the whole range of psychopathology. This scale was developed and used in the Midtown Manhattan, New York, Study of Mental Disorder and clearly distinguished, in that study, between the patient group and the "known well" group. The cutting point in the Manhattan Study "Score" was at four symptoms (28% of nonpatients, 50% of ex-patients, and 60% of current outpatients reported four or more [out of 22] symptoms). The elderly Black women group score in this study was somewhat different. That is, 77% had scores of less than four symptoms, and 23% had scores of four or more. In terms of the distribution of Black respondents' scores, five or more symptoms was the more convenient cutting point. However, the matter seems trivial since none of the Black respondents reported any psychological disabilities, thus, the "Score" in this case hardly discriminated between a disordered group and a "well known" group. By Langner's standards, the elderly Black women in this study would appear to be fairly "well," psychologically speaking. Twenty-seven percent of them (compared to Langner's Midtown Manhattan group score of 23.2% for nonpatients) scored no symptoms at all. The question really becomes one of is this group of elderly Black women "different" or does the Langner test adequately "score" for this particular sample or ethnic population. The mean symptom score for the Black women was 3.6 which is slightly less than the 4.0 found in the Manhattan Study.

An attempt was made to gain general impressions about the anxiety level

of the group by using the Personality Scale of Manifest Anxiety (MAS), initially devised for purposes of selecting research participants in the field of motivation and drive, but of which altered versions have been used to assess drive and motivation in adults (8). This 90-item scale, which is set in a true-false forced choice format, attempts to measure the level of internal anxiety or emotionality in the person. Scores of "normal" respondents commonly show a median score of 13 to 14, and scores of psychiatric patients commonly have a median of about 34. This latter median score is equivalent to the 98.8 percentile of the aforementioned normal respondents. Thus, the distribution of scores for the patient and the normal groups are markedly different (8).

Mean and median MAS scores for the elderly Black women were 14.93 and 12.0, respectively, with a standard deviation of 9.03. Group mean scores on the MAS validity scales K and L were 9.93 and 3.43, respectively. These were also within an acceptable range where the validity of the anxiety scale would not be questioned. Thus, the women in this study definitely look more like "normals" than "psychiatrically disturbed" persons.

The final instrument administered was designed to study the psychosocial factors in aging by using the individual's own evaluation as the point of reference. This instrument, the Neugarten Life Satisfaction Index-A (LSIA) (4) was also derived relatively independent of the person's level of activity or social participation. Elderly Black women in this study achieved a mean score of 15.3; the standard deviation was 3.17. These data compare favorably with Neugarten's findings where the mean and standard deviation were 12.4 and 4.4, respectively. The elderly Black women's median LSIA score was 15, with a range of nine to 20, where the higher scores register

expressions of satisfaction with quality of life.

In sum, it appears that the lederly Black women participating in the luncheon program are highly intelligent, are not reporting undue strain, and experience some satisfaction with life.

Let us return now to an examination of the two hypotheses stated earlier. The hypotheses were: (a) that the majority of elderly persons participating in an age-segregated program would not be satisfied with their current quality of life, and (b) that the majority of respondents would endorse the need for community based mental health counseling services.

With regards to the second hypothesis, results from the questionnaire (6) revealed that 96% of the respondents preferred "direct assistance," for example, information about housing availability, transportation, leasing contracts, and the like; 79% of the respondents preferred "education" programs like arts and crafts, contents of leases or lease-making procedures; 70% for various types of recreational programs; and 67% for mental health programs. As to expressions regarding satisfaction with current quality of life, the first hypothesis, 73% of the responses were in the Very Satisfied-Mostly Satisfied categories, and only 20% responded in the Very Dissatisfied-Mostly Dissatisfied categories. Seven percent were about equally Satisfied and Dissatisfied with their current quality of life. The questionnaire also asked respondents to rank order specific types of programs that they perceived as of the greatest personal need to them. Top priority programs were transportation, general information, meals, crafts, and social companionship activities. These findings, as mentioned earlier, did not support the two hypotheses put forward and suggested that if a substantial number of elderly Black women wish, for example, to have direct assistance type pro-

grams as a high priority, then perhaps government subsidized community luncheon programs, as well as mental health clinics should plan for and provide better for the delivery of these services, either directly or as auxillary projects. Satisfaction of such needs could be the key to the primary prevention of psychopathology for elderly persons.

It is generally believed that from a social-psychological perspective, aging is better viewed as a process of adaptation in which personality is the key element. Personality traits are usually powerful predictors of adaptational styles although particular predictive traits may be different at successive age periods. The aging person not only plays an active role in adapting to the biological and social changes that occur with the passage of time, but in creating patterns of life that give the person greatest ego involvement and life satisfaction. The prediction of adaptational patterns depends, in part, upon cultural factors and environmental supplies. A recent review of the literature on psychopathology states (1) that the research literature has long acknowledged the relevance of social and cultural phenomena to individual thought, personality and psychopathology. However, only a few address the issue of how society and culture promote and maintain their own psychopathology, and most importantly, how large numbers of people maintain and promote their own health. It was an absolute pleasure for me to have had the opportunity to work with the women participating in this study -- they are a distinguished and interested group concertedly involved in the promotion of their own health, ego strength, and satisfaction in their lives.

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